PTO/SB/22 (07-09)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	, ,	Docket Number (Optional)	
FY 2009	03910/0211496-US0		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)			
Application Number 10/630,377-Conf. #8948	Filed J	July 30, 2003	
For CONTAINER			
Art Unit 1794	Examiner	M. L. Jacobson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the papplication.	period for filing a reply in t	he above identified	
The requested extension and fee are as follows (check time period desire	ed and enter the appropri	ate fee below):	
Fee	Small Entity Fee		
X One month (37 CFR 1.17(a)(1)) \$130	\$65	\$ 130.00	
Two months (37 CFR 1.17(a)(2)) \$490	\$245	\$	
Three months (37 CFR 1.17(a)(3)) \$1110	\$555	\$	
Four months (37 CFR 1.17(a)(4)) \$1730	\$865	\$	
Five months (37 CFR 1.17(a)(5)) \$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
X Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in th	is application to a Depo	sit Account.	
X The Director is hereby authorized to charge any fees which m			
Deposit Account Number 04-0100	a) be required, or orean	any overpayment, to	
WARNING: Information on this form may become public. Credit card Provide credit card information and authorization on PTO-2038.	information should not be	included on this form.	
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclos			
x attorney or agent of record. Registration Number		•	
	20,001		
atterney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
Legislator number if acting under 57 CFR 1.54		7 2000	
Signature		December 7, 2009 Date	
S. Peter Ludwig	(212)	(212) 527-7700	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their than one signature is required, see below.	representative(s) are required. S	lubmit multiple forms if more	
Total of 1 forms are submitted.			